

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101566,888

FILING DATE

1-31-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4			1			
5				1		
6			e			
7				1		
8			e			
9			1			
10				1		
11				1		
12				1		
13			e			
14				1		
15				1		
16			e			
17				1		
18			e			
19			e			
20				1		
21			e			
22				1		
23				1		
24				1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						